# NEBRASKA HIV CARE and PREVENTION CONSORTIUM
## OPERATIONAL GUIDELINES

The Nebraska Department of Health and Human Services, HIV/AIDS Program, under the requirements of Cooperative Agreements with the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA), has established the Nebraska HIV CARE and Prevention Consortium (NHCPC). The Nebraska HIV CARE and Prevention Consortium, henceforth referred to as the NHCPC, shall function as an advisory body to the Department's HIV/AIDS and Ryan White or Title II Programs. The following information shall be known as the Operational Guidelines for the NHCPC and shall direct the operational aspects of the NHCPC.

All members of the NHCPC shall, upon reading and signing a Statement of Receipt and Acceptance, adhere to these guidelines as a part of their membership.

### I. Purpose

The purpose of the NHCPC is to act in an advisory capacity to the Nebraska Health and Human Services HIV/AIDS and Ryan White Programs. Through this advisory relationship, the HIV/AIDS and Ryan White Programs will respond to the care and prevention issues affecting those at risk for becoming HIV infected as well as those who are currently living with HIV disease through facilitating health education, risk reduction programming, public information, HIV counseling, testing, referral and partner notification, support services, AIDS Drug assistance, and treatment.

### II. Organizational Structure

The NHCPC will be made up of no more than 38 members. The members will be classified as "standing" positions or "elected" positions. Standing positions are filled by persons required by federal funding and administrative recommendation to ensure specific expertise, which is critical to HIV prevention and care through public health forums. These positions will comprise no more than 1/3 of the total membership. The elected positions will represent related functional areas, persons directly impacted by the epidemic, and geographic representatives. These members comprise the remaining 2/3 of the membership.

Parity - Inclusion - Representation (P.I.R.)

Per the Centers for Disease Control and Prevention, all grantees (HHS) are required to adhere to certain principles for HIV prevention community planning. Parity, inclusion, and representation (PIR) characterize this process.

> Parity is the condition where ***all*** members of the NHCPC are provided opportunities for orientation and skills building to participate in the process and to have ***equal voice*** in voting and other decision-making activities.

Inclusion is defined as the assurance that the views, perspectives, and needs of ***all affected communities*** are included, to the extent possible, and involved in a meaningful manner in the community planning process.

Representation is the assurance that those who are representing a specific community truly reflect that community's values, norms, and behaviors. These representatives must also be able to participate as group members in objectively weighing the overall priority prevention needs of the jurisdiction.

## A. Geographic Representation

The large geographic area of Nebraska creates unique challenges for service providers. Successful public health initiatives in the areas of prevention and care/treatment issues require attention to service availability, gaps/barriers to services and participation by those residing in the community. The social norms, values, and resources may vary according to each area of the state and its proximity to other communities. These issues support the need for geographically diverse representation in the planning process. Issues must be prioritized based on a number of factors including economic feasibility, programmatic effectiveness, community acceptance, existing capacity for implementation, etc. These issues support the need for geographic representatives to ensure the process is inclusive of the needs of all affected Nebraskans.

For the purpose of the NHCPC, geographic representation will follow the geographic boundaries established by HHS for service delivery. These Service Areas will be designated as such:

**Southeast Region (I)**, Counties of Butler, Cass, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York
**Eastern (II),** Counties of Dodge, Douglas, Sarpy, and Washington
**Northern (III)**, Counties of Antelope, Boone, Boyd, Brown, Burt, Cedar, Cherry, Colfax, Cuming, Dakota, Dixon, Holt, Keya Paha, Knox, Madison, Nance, Pierce, Platte, Rock, Stanton, Thurston, and Wayne
**Central (IV),** Counties of Adams, Blaine, Buffalo, Clay, Custer, Franklin, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler
**Southwest (V)**, Counties of Arthur, Chase, Dawson, Dundy, Frontier, Furnas, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow, and Thomas
**Western (VI)**, Counties of Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, and Sioux

These service areas may change or vary based on state or programmatic discretion.

### B. Standing Members and Elected Members

See *Section II-Organizational Structure* for definitions of members. The HHS HIV Program, per recommendation needed for the "standing" categories, will determine the positions required by the CDC and HRSA. Persons identified to serve in these positions will be chosen by the HIV Program Administrator upon recommendation. The positions designated as "elected" categories will be determined by the Membership Committee of the NHCPC based on the current HIV epidemiological profile of the state and based on the principles of Parity, Inclusion, and Representation. The Membership Committee will assess the need for specific classification positions for the NHCPC periodically and will make recommendations to the members to coincide with future elections.

## III. Member Roles

### A. The Role of the NHCPC as a body will be as follows:

Prevention Related:

1. Assess the present and future extent, distribution, and impact of HIV prevention and care issues in defined populations in the state.

2. Identify and prioritize high-risk populations based on formal and informal epidemiological and needs assessment information.

3. Identify and recommend specific strategies and interventions to prevent new HIV infections in defined populations. These interventions should be based on sound behavioral and social science, cost and cost effectiveness, needs assessment, and outcome evaluation.

4. Identify the technical assistance needs of the NHCPC and community-based providers in the areas of planning, implementing, and evaluating prevention interventions as well as the NHCPC's needs to enable it to execute an effective planning process.

5. Review the HHS HIV Program application to the CDC for federal HIV prevention funds, including the proposed budget, and write a letter of concurrence or nonconcurrence.

CARE Related:

1. Assess HIV care and treatment needs for individuals and families living with HIV disease through the identification of existing care and prevention services, as well as gaps and barriers to those needs.

2. Encourage public/private partnerships in planning, developing, and providing care.

3. Encourage local decision making about what care is needed.

4. Ensure parity, inclusion, and representation reflective of the HIV epidemic in decision making and the planning process, including the involvement of affected populations.

5. Assure that care and services are provided to people regardless of their ability to pay, except where income guidelines must be applied due to funding limitations.

6. Assure that localities use CARE funds only for services as payer of last resort, assisting both rural and urban areas.

7. Establish service standards. NHCPC may assist in developing service or quality of care standards for providers.

8. Take a leadership role in assessment and evaluation of service quality, unit costs, effectiveness, and administrative efficiency of subgrantees/providers/contractors, in cooperation with providers, the lead agency, and the grantee.

Prevention and Care Related:

1. Develop a Comprehensive HIV Prevention Plan consistent with the high priority HIV care/support and prevention needs for defined target populations. Annually review and modify this plan as necessary.

2. Review and endorse Statewide Coordinated Statement of Need incorporating information required per HRSA.

3. Evaluate the effectiveness of the planning process.

## IV. Responsibilities between NHCPC and HHS

### A. Shared Responsibility between the NHCPC and HHS will be as follows:

1. Two co-chairs will direct the NHCPC. The State Co-Chair will be appointed by HHS. The second, the Community Co-Chair, will be elected by the NHCPC membership. The terms of co-chairs are outlined in Article VI. of the Bylaws for the NHCPC.

2. Develop and implement policies and procedures that clearly address and outline systems for regularly re-examining:

    a. NHCPC composition, selection, appointment, and terms of office to ensure that it reflects, as much as possible, the population characteristics of the epidemic in State and local jurisdictions in terms of age, race/ethnicity, gender, sexual orientation, geographic distribution, and risk for HIV infection as well as persons living with HIV disease.

b. Methods for reaching decisions, attendance at meetings, resolution of disputes identified in planning and decision making as well as resolution of conflict of interest(s) for members of the NHCPC.

c. Roles and responsibilities of the NHCPC members and its various components (e.g. standing committees, ad hoc groups, or task forces).

3. Develop and apply criteria for selecting the individual members of the NHCPC with special emphasis being placed on procedures for identifying representatives of socioeconomically marginalized groups, persons at greatest risk for HIV transmission, and groups that are underserved by existing HIV prevention programs.

4. Provide a thorough orientation for all new members as soon as possible after election/appointment. New members should understand:

   a. The roles, responsibilities, and principles outlined in this document.

   b. The procedures and ground rules used in all deliberations and decision making.

   c. Specific policies and procedures for resolving disputes and avoiding conflict of interests that are consistent with the principles of the CDC Community Planning Guidance and Section VII of the Ryan White CARE Act Title II Manual.

5. Assess the present and future extent, distribution, and impact of HIV in defined populations.

6. Conduct a needs assessment process to identify unmet HIV prevention and care needs within defined populations.

7. Identify specific high priority prevention strategies and interventions for defined target populations.

8. Identify location, gaps, barriers, and effectiveness of services available to persons infected and living with HIV.

9. Integrate multiple sources of information, i.e., behavioral, treatment, psychosocial, geographic, scientific, cost effectiveness, etc., into a statewide, comprehensive HIV prevention and care plan.

10. Foster collaboration and coordination among agencies, individuals, and programming efforts relevant to HIV care and prevention including but not limited to: STD, TB, Substance Abuse and Prevention and Treatment, Women's Health Services, Mental Health Services, and other public health needs.

11. Evaluate the community prevention and care planning process to assure that it is meeting the core objectives for CDC Community Planning and HRSA Consortia Responsibilities.

**B. Co-Chair responsibilities will be as follows:**

1. Develop an agenda for each meeting based on input from the NHCPC members and HHS HIV staff.

2. Co-facilitate the meetings. If a meeting facilitator is used, assist said facilitator.

3. Participate in briefing prior to each meeting.

4. Participate in debriefings after each meeting.

5. Manage and resolve NHCPC conflicts.

6. Coordinate standing committee work and reports.

7. Represent the NHCPC to the public.

8. Advocate the work of the NHCPC.

9. Together with the NHCPC membership, lead the group in attaining the purpose of the group and its mission through active participation in process, solicitation of community input, supporting the principles of P.I.R., providing and/or seeking technical assistance from experts, and collecting/analyzing and disseminating relevant data as appropriate.

In addition to the time requirements outlined for the NHCPC meetings (estimate of four meetings per year from 8:00 a.m. to 5:00 p.m. and standing committee work), co-chairs can expect to spend an estimated additional 24 hours per quarter on NHCPC business.

**C. NHCPC member responsibilities will be as follows:**

1. Make a commitment to the mission of the NHCPC, its process, and results.

2. Participate in all decisions and problem solving in achieving the group's purpose.

3. Undertake special tasks as requested by the NHCPC.

4. Gather data and information as needed.

5. Serve as a representative spokesperson for the position served on the NHCPC.

6. Serve as a liaison between the NHCPC and the community/area represented by your position as well as the community at large.

7. Participate on a minimum of one standing committee for the NHCPC per calendar year.

8. Facilitate and/or serve as liaison with focus or special interest groups in order to ensure that information and input is obtained from targeted populations and communities.

9. Follow the Bylaws.

10. Support the Code of Conduct defined in this document (Section X).

11. Evaluate the process and assess the responsiveness and effectiveness of the HHS applications for federal HIV Prevention and CARE funds as identified in the Comprehensive HIV CARE and Prevention Plan.

12. Define technical assistance needs for the successful implementation of a comprehensive HIV prevention and care plan for Nebraska.

It is expected that NHCPC members will have to spend 16-24 hours per quarter on NHCPC related activities. This should include the time spent for travel, standing committee work, and other duties that may arise.

**D. HHS HIV Program responsibilities will be as follows:**

1. The HHS HIV Program is required to determine how best to achieve and integrate statewide, regional, and local community HIV planning within their jurisdictions. As such, the HHS HIV Program will establish and maintain the NHCPC, which meets the principles outlined in the CDC Community Planning Guidance and the HRSA Ryan White CARE Act Manual.

2. Identify a health and human service department employee, or a designated representative, to serve as Co-Chair for the NHCPC.

3. Each standing committee will have a State Liaison appointed by the HIV Program Administrator. The role of the liaison will be to facilitate the work of the committee and serve as a resource for materials, information, and direction.

4. Identify and assist in obtaining key leadership and expertise supporting the purpose and mission of the NHCPC including supporting P.I.R. principles within the process.

5. Ensure the NHCPC understands its roles and responsibilities.

6. Keep the NHCPC focused on the context within which the issues of HIV care and prevention take place: assessment, recommendation, evaluation, etc., not funding decisions.

7. Provide guidance and support to the community and state appointed co-chairs, standing committees, and members as necessary.

8. Provide technical assistance and support which may include but not limited to:

    a. Epidemiological information
    b. Descriptions of target populations
    c. Profiles of existing regional resources
    d. Information about strategies for HIV prevention
    e. Information about existing care and support services
    f. Support in conducting ongoing needs assessment
    g. Compile, collect, and analyze data as necessary
    h. Necessary information and materials to NHCPC
    i. Facilitate specific group activities
    j. Deal with logistics in setting up and facilitating meetings

9. Develop an application for HIV prevention cooperative agreement funds and Ryan White Title II funds per processes identified through the federal guidances provided by CDC and HRSA respectively. This includes seeking review of the HIV Prevention application as required and obtaining letters of concurrence/nonconcurrence from the NHCPC.

10. Provide periodic feedback to the NHCPC on the successes and barriers encountered implementing HIV prevention and care services statewide.

## V. Standing Committees

The NHCPC will have six standing committees designated below. Committee members may be selected from the NHCPC membership and/or selected from the community at large. The committee chair must be a member of the NHCPC. The committee chair must have attended three consecutive meetings prior to election and ensures the committee operates under the Bylaws and Operational Guidelines. Whenever possible members of committees should follow the principles of parity, inclusion, and representation as set forth in the Community Planning Guidance. The NHCPC chair(s) may create additional standing committees, ad hoc groups, or task forces as deemed appropriate to ensure that the mission of the NHCPC is successfully met.

### A. CARE Services Committee

Purpose:

- Review the menu of Direct Client Services (limited to support services) and provide feedback to the Title II Program Manager regarding the adequacy of services.
- Provide recommendations to the Title II Program Manager regarding the addition or deletion of provided services.
- Research and provide information as necessary to identify additional services and assist in their procurement as necessary.

- This committee will not have authority for making client financial determinations or service limit.
- Assist in the development of additional resources for service provision.

**B. Assessment and Evaluation Committee**

Purpose:

- To review, identify strengths and weaknesses, and provide recommendations regarding prevention and care evaluation and assessment processes and results.

Duties:

- Review the comprehensive evaluation plan developed according to CDC and HRSA instructions and make recommendations for implementation.
- Review prevention and care assessment data and make recommendations as to services, gaps, barriers, and unmet needs.
- Review evaluation data and make recommendations as requested based on data type.
- Review the community planning process and survey data and make recommendations regarding the five core objectives.
- Recommend additional evaluation, assessment, and quality assurance activities based on pertinent data, trends and programmatic needs.

**C. Interventions Committee**

Purpose:

- To utilize statewide needs assessment information for the purpose of identifying, prioritizing, and recommending behavioral interventions for funding with HIV prevention funds. The effectiveness and support of the implementation of these recommended interventions should be based in behavior change theory, be cost effective, and compatible with the norms, values and relevance for the communities where they will be introduced.

Duties:

- Review recommended interventions from regional areas and target populations.
- Prioritize interventions based on social science theory, cost effectiveness, and acceptability of local norms and values.
- Work with HHS HIV program on viability of implementation of interventions being assessed.
- Recommend prioritized interventions for funding by HHS.

**D. Membership Committee**

Purpose:

- Recruit elected members and orient all participants. The Membership Committee will solicit new members under the guiding principles of achieving parity, inclusion, and representation of the epidemic for the NHCPC. Personal

knowledge and expertise will be sought for positions, which contribute critical information to the development of a comprehensive HIV CARE and prevention plan.

Duties:

- Recruit candidates for Community Co-Chair and conduct Community Co-Chair elections.
- Recruit new members for position vacancies (new members should be identified and recommended for appointment to begin positions each January).
- Recommend new recruits for acceptance for NHCPC membership.
  - Advertisement for recruitment should be done statewide
  - Recruitment should follow PIR guidelines
  - Consideration should be given to achieve membership balance in the areas of geographic representation, race/ethnicity, age, gender, sexual identity, risk behavior, and ability to actively participate
- Assign new members to standing committees with input from the new member and the Committee Chairpersons.
- Fill positions that may be vacated prior to end of membership term.
- Orient new members to NHCPC purpose and goals.
- Ensure barriers for membership participation is minimized, (i.e. application forms in are multi-language, translation and/or other special needs addressed).
- Maintain and update member notebooks as necessary.

## E. Public Information Committee

Purpose:

- To review proposed educational materials, to discuss media and education that is made available to communities, make recommendations for educational materials, and participate in the development of a public information plan.

Duties:

- Review educational materials including brochures, videos, etc. to ensure they meet CDC guidelines.
- Build a resource inventory of approved materials.
- Provide input and recommendations to the annual public information plan.
- Recommend new educational material for purchase.

## F. Co-Infection Committee

Purpose:

- To monitor emerging HIV co-infection issues (ie: HCV, HBV, syphilis, HPV, and chlamydia-LGV).

Duties:

- Review and report on mortality/morbidity issues related to co-infection

- Establish a co-infection response that could be incorporated in the Nebraska HIV Comprehensive Plan.
- Data analysis for priority populations related to co-infection impact and potential risk factors in Nebraska.
- Explore potential funding opportunities based on identified needs.
- Develop educational/awareness materials for professionals and public.

## G. Executive Committee

Purpose:

- To provide decision making capability on behalf of the NHCPC between meetings for specific and emerging functions.

Duties:

- Carry on the business of the NHCPC between meetings as needed.
- Assist in the revision of the NHCPC Comprehensive Plan.
- Review annual CDC grant applications and provide concurrence, non-concurrence or concurrence with recommendations.
- Review and recommend revisions to the NHCPC Operational Guidelines and By Laws on an as needed basis but no less than annually.
- Review the Statewide Coordinated Statement of Need
- Act on behalf of the NHCPC in the event of unforseen circumstances.

## H. Committee Chair Role

1. Call and facilitate a minimum of three committee meetings each calendar year.
2. In collaboration with State Liaison for the committee, set agenda for meeting and make arrangements.
3. Ensure minutes, sign-in sheets, and expense documents are utilized and forwarded to HHS.
4. Provide summary of meeting outcomes to NHCPC co-chairs and report to NHCPC membership as necessary.
5. Recruit non-NHCPC members as needed to fulfill the duties of the committee.
6. Request technical assistance as needed to fulfill the duties of the committee.

## I. Committee Member Role

1. Participate in a minimum of three committee meetings each calendar year.
2, Actively participate in work of the committee to fulfill committee duties.
3. Assist in recruiting additional non-NHCPC members as needed to fulfill the duties of the committee.
4, Solicit information and perform activities as necessary to fulfill committee duties.
5. Ask for technical assistance as necessary to participate as an active member on committee and in committee activities.

## VII. Orientation

Active participation from members and non-members serving on standing committees is critical for the work of the NHCPC to be accomplished in a timely and efficient manner. The membership structure of the NHCPC is designed to bring new voices to the "table" on a rotating basis to allow for comprehensive involvement by the community. Because the number of meetings for the NHCPC and its standing committees will be limited, it is important that all participants are prepared to fully participate at each meeting.

New members and non-members serving on standing committees will be provided an orientation session prior to their attendance at their first meeting. The Membership Committee, in collaboration with the NHCPC Co-Chairs, will provide orientation sessions each year for new members and non-members serving on standing committees joining the group. A verbal orientation along with a membership handbook/manual will be given to each new member and non-member serving on a standing committee.

Any member currently on the NHCPC may request update training or technical assistance if such training/assistance is felt to be needed to more fully participate or understand the group's process. The Membership Committee, with the assistance of the NHCPC Co-Chairs, will facilitate access to the requested training as appropriate and upon approval by the HHS HIV Program.

## VIII. Open Meeting Laws

The basic statement of Nebraska State policy on public meetings is found at Neb.Rev.Stat. §84-1408. This statute provides, "It is hereby declared to be the policy of this state that the formation of public policy is public business and may not be conducted in secret. Every meeting of a public body shall be open to the public in order that citizens may exercise their democratic privilege of attending and speaking at meetings of public bodies, except as otherwise provided by the Constitution of the State of Nebraska, federal statutes, and sections 79-327, 84-1408 to 84-1414, and 85-104."

Open meetings provisions apply to meetings of any "public body", which includes governing bodies of local and state governmental units; independent boards, commissions, councils, and other similar bodies; advisory groups to the executive branch and to public bodies, and instrumentalities exercising essentially public functions.

The NHCPC will follow the Open Meeting Laws for the State of Nebraska and follow the accepted guidelines and definitions outlined in the Handbook on Public Meetings. Brief highlights/fact statements about open meeting guidelines will be provided to each NHCPC member as a part of their orientation.

## IX. Expenses

Reimbursement of expenses for volunteer members of State affiliated boards, committees, commissions, and task forces may be provided per HHS DAS Administrative Policy, pursuant to Section 81-118L.01. State law prohibits the payment

for services until the service has been provided which in turn requires the HIV program to reimburse a member's expenses *after* the NHCPC meetings occur. Mileage at the state reimbursement rate, meals at per diem rates, lodging and parking expenses may be reimbursed to members and non-members serving on standing committees. The HHS HIV Program cannot reimburse agencies or reimburse for the use of agency vehicles. If more than one member or non-member serving on a standing committee shares transportation to a meeting, only reimbursement to the owner/driver of the vehicle used will be given.

The process and details for reimbursement of expenses will be covered in new member orientation and may be found in the member handbook, (example: lodging for attending a meeting of the NHCPC will be reimbursed at the state approved rate when the participant is traveling more than 60 miles one-way to the meeting).

Should a member or non-member serving on a standing committee require "special assistance" to attend meetings or standing committee functions on behalf of the NHCPC, a process is in place to assist members and non-members serving on standing committees prior to their arrival at the meeting/function. Details and management of this process may be accessed through the State Co-Chair.

## X. Lobbying

The NHCPC operates under direct affiliation with Nebraska Health & Human Services HIV Program and its cooperative agreements with the Centers for Disease Control and Prevention and the Health Resources and Services Administration. Funding for support of this advisory group and its related functions are provided through these federal cooperative agreement funds. Therefore, the NHCPC, its activities, and the activities of its designated standing committees, ad hoc groups, or task forces must follow restrictions determined by federal guidelines.

Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participant to lobby or to instruct participants on how to lobby.

In addition, no part of any appropriation may be used for publicity, propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to defeat legislation pending before the Congress or any State legislature. No part of any appropriation contained in Public Law 105-78 can be used to pay the salary or expenses of any grant, contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

## XI. Code Of Conduct

The following ground rules define appropriate group behavior standards. The standards provide guidance for member and non-member serving on standing committee functions within the group and within their respective agencies and/or communities as representatives of the Nebraska HIV CARE and Prevention Consortium.

A. Commit to regular meeting attendance and active participation;

B. Act first and foremost as a participant of the NHCPC and within the best interest of the group;

C. Put aside personal agendas;

D. Separate agency/organizational goals and needs from those of the NHCPC, standing committees, ad hoc groups, or task forces.

E. Share all pertinent feedback, both positive and negative, within the group;

F. Discuss/resolve concerns during meetings, not behind closed doors or outside the advisory group;

G. Be positive about the advisory group, its mission and purpose;

H. Exercise discretion to maintain the group's integrity (i.e., not airing "dirty laundry" in public);

I. Acknowledge and respect all variant views;

J. Respect each other's differences, knowledge, experience and frame of reference;

K. All comments will be made in a respectful and reasonable timeframe; filibustering will not be considered respectful or reasonable as applicable to the purpose and mission of the NHCPC.

## XII. Conflict of Interest/Confidentiality

A conflict of interest can be defined as a conflict between one's obligation to the public good and one's self interest, whether that interest be a personal interest, or interest of family, friend or work related. A conflict of interest occurs when a member or non-member serving on a standing committee knowingly takes action or makes a statement intended to influence the conduct/decisions of the public body of which he or she is a participant. If the action in any way confers any financial or programmatic benefit to the participant the organization, persons, program, etc., the participant is affiliated with, a conflict of interest is present.

The Nebraska HIV CARE and Prevention Consortium, in their advisory relationship to the HHS HIV Program, functions as a public body. The mission and purpose of the NHCPC is to address the HIV issues impacting all Nebraskans and thus work on behalf of the "public good". A NHCPC member or non-member serving on a standing committee who also serves as a director, trustee, salaried employee, volunteer, or otherwise benefiting from any HIV / AIDS prevention or CARE funds is deemed to have an "interest" in the decisions of the NHCPC and must declare their conflict openly and be excluded from voting on those decisions.

Meetings of the NHCPC adhere to Nebraska statutes, policies, and procedures concerning Open Meeting Laws. However, disclosures or discussions which place a member at possible risk of harm to person or reputation shall be kept confidential and restricted to the business of the NHCPC. Information discussed and provided, whether written or oral, is for the purpose of accomplishing the missions and objectives of the advisory group. Members may share as much personal information as they feel comfortable with in the course of the NHCPC process, but should be fully cognizant of the parameters of the Nebraska Open Meeting Laws. Members should be aware that staff of HHS adhere to confidentiality principles, but accept no responsibility for disclosures or actions by members that violate these principles. Confidentiality principles follow guidelines established by CDC and HRSA. Additional comments or questions should be referred to the Program Administrator for the HIV Program.

## XIII. Dispute Resolution

To develop an inclusive approach for addressing the HIV prevention and care needs of a particular community, a wide range of representatives and information must be involved in the planning processes. This variety and diversity of opinions, beliefs, values, and ways of communicating add the needed ingredients for developing a comprehensive plan for addressing both prevention and care needs. Despite careful organizational development, effectiveness of meetings and commitment of participants, disagreements and conflicts inevitably arise and may become disputes. Conflicts among members and non-members serving on standing committees may arise within meetings and outside of meetings, (i.e., ad-hoc meetings, special activities, committee meetings).

When conflicts arise in the process of making decisions at NHCPC meetings, an attempt will be made to work through the conflict and achieve consensus among participants of the issue at hand. Consensus decision making is defined as a decision in which all participants of the group support or can live with the decision in question.

Consensus decision making is not easy. This is especially true when the decision making body is comprised of individuals representing diverse points of view. Consensus decision making requires full discussion, individual and collective honesty, and sharing of all relevant information. In order for a consensus decision making process to be successful:

A. Each participant's view on the issue at hand needs to be shared with the group.

B. The interests of each participant must be identified. (An interest is the core or driving force that makes that issue important to that person. A participant's interest can usually be identified by asking, "Why is this issue important to you?".)

C. The interests of each participant need to be able to be understood by all of the participants. (This does not mean everyone must agree with the interests identified but it does mean that everyone understands what the interests of each participant are.)

D. Once the interests of the participants are understood, several options to resolve the issue at hand must be generated by the group.

E. Any option selected to resolve the issue must meet at least some of the interest of all participants.

In order to meet open meeting law requirements, any consensus decision will then be recorded in a roll call vote. In the event that the group, after identifying interests and generating options, cannot reach consensus, the NHCPC will resort to the use of a role call vote.

When conflicts arise outside of NHCPC meetings concerning NHCPC business, members and non-members serving on standing committees are urged to use the same model as above in resolving the issue at hand.

## XIV. Grievance – Statement of Concern Procedures

Grievances concerning decisions made or actions taken by NHCPC must be filed in writing with the HIV Program Administrator. The HIV Program Administrator will establish an oversight committee to deal with the filed grievance. The oversight committee will consist of:

- HIV Program Administrator
- State Co-Chair
- Community Co-Chair
- Two members of the NHCPC selected by the HIV Program Administrator and agreed upon by the Co-Chairs.

The oversight committee will review the filed grievance. The committee, upon reviewing the grievance, may:

A. Request a meeting with the individual who has filed the grievance if the committee feels such a meeting would be helpful in understanding the grievance.

B. Request that the party filing the grievance mediate with representatives of the oversight committee as appointed by the HIV Program Administrator. The mediator

in such a situation would be a neutral third party who has no vested interest in the outcome of the mediation. If the mediation is successful (agreement is reached between the parties), a part of the mediated agreement would be the withdrawal of the grievance by the party who filed the grievance.

C. Investigate the grievance, respecting the confidentiality of all concerned parties, and present recommendations to NHCPC as to an appropriate disposition of the matter. Once a decision is made by NHCPC, a written response to the individual who filed the grievance will be made within 30 days. The committee, in its written response, will either uphold the original decision by NHCPC or will request that NHCPC re-examine the issue raised in the grievance and take new action of the issue raised in the grievance.

Grievances concerning the performance or conduct of a member or non-member serving on a standing committee must be filed in writing with the HIV Program Administrator. The HIV Program Administrator will establish an oversight committee to deal with the filed grievance. The oversight committee will consist of:

- HIV Program Administrator
- State Co-Chair
- Community Co-Chair
- Two members of the NHCPC selected by the HIV Program Administrator and agreed upon by the Co-Chairs.

The oversight committee will review the filed grievance. The committee, upon reviewing the grievance, may:

A. Request a meeting with the individual who has filed the grievance if the committee feels such a meeting would be helpful in understanding the grievance.

B. Request that the party filing the grievance mediate with the individual who they have filed the grievance about. The mediator in such a situation would be a neutral third party who has no vested interested in the outcome of the mediation. If the mediation is successful (agreement is reached between the parties) a part of the mediated agreement would be the withdrawal of the grievance by the party who filed the grievance.

C. Investigate the grievance, respecting the confidentiality of all concerned parties, and present recommendations to NHCPC as to an appropriate disposition of the matter. Options for consideration by NHCPC include:
   1. A motion may be made to vote to remove the individual from NHCPC pursuant to ARTICLE IV., Section 3 of the Bylaws.

   2. A motion may be made to call the question and the topic is tabled.

   3. A motion may be made and a vote taken to take no further action on the grievance filed. Once a decision is made by NHCPC, a written response to the individual who filed the grievance will be sent within 30 days.

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